Attachment	Λ	10-5
ALLACHIENL	4.	・エコーに

STATE	PLAN	UNDER	rit s	TE:	XIX	OF	THE	SOCIAL	SECURITY	ACT	Attachment 4	.19-E
	:	State	of_	Hav	vaii							

For all services covered by the Hawaii Medical Assistance Program: "Claim" means a bill for services rendered by a provider.

TRANSMITTAL # 83-/ EFFECTIVE 1-1-8-3

RECODED 3-25-83 SUPERSEDED DE TRANSMITTAL # 83-/ EFFECTIVE 1-1-8-3